



|  |                      |  |  |                    |  |             |                |                      |                      |               |  |                  |  |                     |          |
|--|----------------------|--|--|--------------------|--|-------------|----------------|----------------------|----------------------|---------------|--|------------------|--|---------------------|----------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2000</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.<br/>Small Entity payments <u>must</u> be supported by a small entity statement,<br/>otherwise large entity fees must be paid. See Forms PTO/SB/09-12<br/>See 37 C.F.R. §§ 1.27 and 1.28.</p> |                      | <p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td></td> </tr> <tr> <td>Filing Date</td> <td>August 9, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Timothy L. MACDONALD</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>00399-12</td> </tr> </table> |  | Application Number |  | Filing Date | August 9, 2001 | First Named Inventor | Timothy L. MACDONALD | Examiner Name |  | Group / Art Unit |  | Attorney Docket No. | 00399-12 |
| Application Number   |                      |  |  |                    |  |             |                |                      |                      |               |  |                  |  |                     |          |
| Filing Date  | August 9, 2001       |  |  |                    |  |             |                |                      |                      |               |  |                  |  |                     |          |
| First Named Inventor   | Timothy L. MACDONALD |  |  |                    |  |             |                |                      |                      |               |  |                  |  |                     |          |
| Examiner Name  |                      |  |  |                    |  |             |                |                      |                      |               |  |                  |  |                     |          |
| Group / Art Unit   |                      |  |  |                    |  |             |                |                      |                      |               |  |                  |  |                     |          |
| Attorney Docket No.  | 00399-12             |  |  |                    |  |             |                |                      |                      |               |  |                  |  |                     |          |
| TOTAL AMOUNT OF PAYMENT  |                      | (\$435.00)   |  |                    |  |             |                |                      |                      |               |  |                  |  |                     |          |

| <p><b>METHOD OF PAYMENT (check one)</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 50-0423</p> <p>Deposit Account Name: University of Virginia Patent Foundation</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed:<br/> <input type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>690</td> <td>201</td> <td>345</td> <td>Utility filing fee</td> <td>355.00</td> </tr> <tr> <td>106</td> <td>310</td> <td>206</td> <td>155</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>480</td> <td>207</td> <td>240</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>690</td> <td>208</td> <td>345</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="text-align: right;">(\$ 355.00)</td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>17</td> <td>-20** = 0</td> <td>0</td> <td>x 9</td> <td>= 0</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5</td> <td>-3** = 2</td> <td>2</td> <td>x 40</td> <td>= 80</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">Multiple Dependent</td> <td></td> <td></td> <td>= 0</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><small>**or number previously paid, if greater; For Reissues, see below</small></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>78</td> <td>202</td> <td>39</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>260</td> <td>204</td> <td>130</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>78</td> <td>209</td> <td>39</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: right;">(\$ 80.00)</td> </tr> </tbody> </table> | Large Entity |              | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 101 | 690 | 201 | 345 | Utility filing fee | 355.00 | 106 | 310 | 206 | 155 | Design filing fee |  | 107 | 480 | 207 | 240 | Plant filing fee |  | 108 | 690 | 208 | 345 | Reissue filing fee |  | 114 | 150 | 214 | 75 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  |  |  | (\$ 355.00) | Total Claims |  | Extra Claims |  | Fee from below |  | Fee Paid |  | 17 | -20** = 0 | 0 | x 9 | = 0 |  |  |  | 5 | -3** = 2 | 2 | x 40 | = 80 |  |  |  | Multiple Dependent |  |  |  | = 0 |  |  |  | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103 | 18 | 203 | 9 | Claims in excess of 20 |  | 102 | 78 | 202 | 39 | Independent claims in excess of 3 |  | 104 | 260 | 204 | 130 | Multiple dependent claim, if not paid |  | 109 | 78 | 209 | 39 | ** Reissue independent claims over original patent |  | 110 | 18 | 210 | 9 | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  |  |  | (\$ 80.00) | <p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>0.00</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td>0.00</td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td>0.00</td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td>0.00</td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td>0.00</td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td>0.00</td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td>0.00</td> </tr> <tr> <td>116</td> <td>380</td> <td>216</td> <td>190</td> <td>Extension for reply within second month</td> <td>0.00</td> </tr> <tr> <td>117</td> <td>870</td> <td>217</td> <td>435</td> <td>Extension for reply within third month</td> <td>0.00</td> </tr> <tr> <td>118</td> <td>1,360</td> <td>218</td> <td>680</td> <td>Extension for reply within fourth month</td> <td>0.00</td> </tr> <tr> <td>128</td> <td>1,850</td> <td>228</td> <td>925</td> <td>Extension for reply within fifth month</td> <td>0.00</td> </tr> <tr> <td>119</td> <td>300</td> <td>219</td> <td>150</td> <td>Notice of Appeal</td> <td>0.00</td> </tr> <tr> <td>120</td> <td>300</td> <td>220</td> <td>150</td> <td>Filing a brief in support of an appeal</td> <td>0.00</td> </tr> <tr> <td>121</td> <td>260</td> <td>221</td> <td>130</td> <td>Request for oral hearing</td> <td>0.00</td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td>0.00</td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td>0.00</td> </tr> <tr> <td>141</td> <td>1,210</td> <td>241</td> <td>605</td> <td>Petition to revive - unintentional</td> <td>0.00</td> </tr> <tr> <td>142</td> <td>1,210</td> <td>242</td> <td>605</td> <td>Utility issue fee (or reissue)</td> <td>0.00</td> </tr> <tr> <td>143</td> <td>430</td> <td>243</td> <td>215</td> <td>Design issue fee</td> <td>0.00</td> </tr> <tr> <td>144</td> <td>580</td> <td>244</td> <td>290</td> <td>Plant issue fee</td> <td>0.00</td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td>0.00</td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td>0.00</td> </tr> <tr> <td>126</td> <td>240</td> <td>126</td> <td>240</td> <td>Submission of Information Disclosure Stmt</td> <td>0.00</td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>0.00</td> </tr> <tr> <td>146</td> <td>690</td> <td>246</td> <td>345</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td>0.00</td> </tr> <tr> <td>149</td> <td>690</td> <td>249</td> <td>345</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td>0.00</td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td>0.00</td> </tr> <tr> <td colspan="5">Other fee (specify) _____</td> <td>0.00</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td style="text-align: right;">(\$ 0.00)</td> </tr> </tbody> </table> <p>* Reduced by Basic Filing Fee Paid</p> | Large Entity |  | Small Entity |  | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | 0.00 | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | 0.00 | 139 | 130 | 139 | 130 | Non-English specification | 0.00 | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | 0.00 | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | 0.00 | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | 0.00 | 115 | 110 | 215 | 55 | Extension for reply within first month | 0.00 | 116 | 380 | 216 | 190 | Extension for reply within second month | 0.00 | 117 | 870 | 217 | 435 | Extension for reply within third month | 0.00 | 118 | 1,360 | 218 | 680 | Extension for reply within fourth month | 0.00 | 128 | 1,850 | 228 | 925 | Extension for reply within fifth month | 0.00 | 119 | 300 | 219 | 150 | Notice of Appeal | 0.00 | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal | 0.00 | 121 | 260 | 221 | 130 | Request for oral hearing | 0.00 | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | 0.00 | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | 0.00 | 141 | 1,210 | 241 | 605 | Petition to revive - unintentional | 0.00 | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) | 0.00 | 143 | 430 | 243 | 215 | Design issue fee | 0.00 | 144 | 580 | 244 | 290 | Plant issue fee | 0.00 | 122 | 130 | 122 | 130 | Petitions to the Commissioner | 0.00 | 123 | 50 | 123 | 50 | Petitions related to provisional applications | 0.00 | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | 0.00 | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 0.00 | 146 | 690 | 246 | 345 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 0.00 | 149 | 690 | 249 | 345 | For each additional invention to be examined (37 CFR § 1.129(b)) | 0.00 | Other fee (specify) _____ |  |  |  |  | 0.00 | Other fee (specify) _____ |  |  |  |  | 0.00 | <b>SUBTOTAL (3)</b> |  |  |  |  | (\$ 0.00) |
|---|--------------|--------------|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|-----|--------------------|--------|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--------------------|--|-----|-----|-----|----|------------------------|--|---------------------|--|--|--|--|-------------|--------------|--|--------------|--|----------------|--|----------|--|----|-----------|---|-----|-----|--|--|--|---|----------|---|------|------|--|--|--|--------------------|--|--|--|-----|--|--|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|----|-----|---|------------------------|--|-----|----|-----|----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|----|-----|----|--|--|-----|----|-----|---|--|--|---------------------|--|--|--|--|------------|--|--------------|--|--------------|--|-----------------|----------|----------|----------|----------|----------|-----|-----|-----|----|-------------------------------------|------|-----|----|-----|----|--|------|-----|-----|-----|-----|---------------------------|------|-----|-------|-----|-------|--|------|-----|------|-----|------|--|------|-----|--------|-----|--------|---|------|-----|-----|-----|----|--|------|-----|-----|-----|-----|---|------|-----|-----|-----|-----|--|------|-----|-------|-----|-----|---|------|-----|-------|-----|-----|--|------|-----|-----|-----|-----|------------------|------|-----|-----|-----|-----|--|------|-----|-----|-----|-----|--------------------------|------|-----|-------|-----|-------|---|------|-----|-----|-----|----|----------------------------------|------|-----|-------|-----|-----|------------------------------------|------|-----|-------|-----|-----|--------------------------------|------|-----|-----|-----|-----|------------------|------|-----|-----|-----|-----|-----------------|------|-----|-----|-----|-----|-------------------------------|------|-----|----|-----|----|---|------|-----|-----|-----|-----|---|------|-----|----|-----|----|--|------|-----|-----|-----|-----|---|------|-----|-----|-----|-----|--|------|---------------------------|--|--|--|--|------|---------------------------|--|--|--|--|------|---------------------|--|--|--|--|-----------|
| Large Entity  |              | Small Entity |              | Fee Description  |                 |          | Fee Paid |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| Fee Code  | Fee (\$)     | Fee Code     | Fee (\$)     |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 101   | 690          | 201          | 345          | Utility filing fee   | 355.00          |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 106   | 310          | 206          | 155          | Design filing fee  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 107   | 480          | 207          | 240          | Plant filing fee   |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 108   | 690          | 208          | 345          | Reissue filing fee   |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 114   | 150          | 214          | 75           | Provisional filing fee   |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| <b>SUBTOTAL (1)</b>   |              |              |              |  | (\$ 355.00)     |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| Total Claims  |              | Extra Claims |              | Fee from below   |                 | Fee Paid |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 17  | -20** = 0    | 0            | x 9          | = 0  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 5   | -3** = 2     | 2            | x 40         | = 80   |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| Multiple Dependent  |              |              |              | = 0  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| Large Entity  |              | Small Entity |              | Fee Description  | Fee Paid        |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| Fee Code  | Fee (\$)     | Fee Code     | Fee (\$)     |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 103   | 18           | 203          | 9            | Claims in excess of 20   |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 102   | 78           | 202          | 39           | Independent claims in excess of 3  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 104   | 260          | 204          | 130          | Multiple dependent claim, if not paid                                      |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 109   | 78           | 209          | 39           | ** Reissue independent claims over original patent                         |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 110   | 18           | 210          | 9            | ** Reissue claims in excess of 20 and over original patent                 |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| <b>SUBTOTAL (2)</b>   |              |              |              |  | (\$ 80.00)      |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| Large Entity  |              | Small Entity |              | Fee Description  | Fee Paid        |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| Fee Code  | Fee (\$)     | Fee Code     | Fee (\$)     |  |                 |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 105   | 130          | 205          | 65           | Surcharge - late filing fee or oath  | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 127   | 50           | 227          | 25           | Surcharge - late provisional filing fee or cover sheet                     | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 139   | 130          | 139          | 130          | Non-English specification  | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 147   | 2,520        | 147          | 2,520        | For filing a request for reexamination                                     | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 112   | 920*         | 112          | 920*         | Requesting publication of SIR prior to Examiner action                     | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 113   | 1,840*       | 113          | 1,840*       | Requesting publication of SIR after Examiner action                        | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 115   | 110          | 215          | 55           | Extension for reply within first month                                     | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 116   | 380          | 216          | 190          | Extension for reply within second month                                    | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 117   | 870          | 217          | 435          | Extension for reply within third month                                     | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 118   | 1,360        | 218          | 680          | Extension for reply within fourth month                                    | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 128   | 1,850        | 228          | 925          | Extension for reply within fifth month                                     | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 119   | 300          | 219          | 150          | Notice of Appeal   | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 120   | 300          | 220          | 150          | Filing a brief in support of an appeal                                     | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 121   | 260          | 221          | 130          | Request for oral hearing   | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 138   | 1,510        | 138          | 1,510        | Petition to institute a public use proceeding                              | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 140   | 110          | 240          | 55           | Petition to revive - unavoidable   | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 141   | 1,210        | 241          | 605          | Petition to revive - unintentional   | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 142   | 1,210        | 242          | 605          | Utility issue fee (or reissue)   | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 143   | 430          | 243          | 215          | Design issue fee   | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 144   | 580          | 244          | 290          | Plant issue fee  | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 122   | 130          | 122          | 130          | Petitions to the Commissioner  | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 123   | 50           | 123          | 50           | Petitions related to provisional applications                              | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 126   | 240          | 126          | 240          | Submission of Information Disclosure Stmt                                  | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 581   | 40           | 581          | 40           | Recording each patent assignment per property (times number of properties) | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 146   | 690          | 246          | 345          | Filing a submission after final rejection (37 CFR § 1.129(a))              | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| 149   | 690          | 249          | 345          | For each additional invention to be examined (37 CFR § 1.129(b))           | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| Other fee (specify) _____   |              |              |              |  | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| Other fee (specify) _____   |              |              |              |  | 0.00            |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |
| <b>SUBTOTAL (3)</b>   |              |              |              |  | (\$ 0.00)       |          |          |          |          |          |     |     |     |     |                    |        |     |     |     |     |                   |  |     |     |     |     |                  |  |     |     |     |     |                    |  |     |     |     |    |                        |  |                     |  |  |  |  |             |              |  |              |  |                |  |          |  |    |           |   |     |     |  |  |  |   |          |   |      |      |  |  |  |                    |  |  |  |     |  |  |  |              |  |              |  |                 |          |          |          |          |          |     |    |     |   |                        |  |     |    |     |    |                                   |  |     |     |     |     |                                       |  |     |    |     |    |  |  |     |    |     |   |  |  |                     |  |  |  |  |            |  |              |  |              |  |                 |          |          |          |          |          |     |     |     |    |                                     |      |     |    |     |    |  |      |     |     |     |     |                           |      |     |       |     |       |  |      |     |      |     |      |  |      |     |        |     |        |   |      |     |     |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |     |       |     |     |   |      |     |       |     |     |  |      |     |     |     |     |                  |      |     |     |     |     |  |      |     |     |     |     |                          |      |     |       |     |       |   |      |     |     |     |    |                                  |      |     |       |     |     |                                    |      |     |       |     |     |                                |      |     |     |     |     |                  |      |     |     |     |     |                 |      |     |     |     |     |                               |      |     |    |     |    |   |      |     |     |     |     |   |      |     |    |     |    |  |      |     |     |     |     |   |      |     |     |     |     |  |      |                           |  |  |  |  |      |                           |  |  |  |  |      |                     |  |  |  |  |           |

|                     |               |                                   |              |
|---------------------|---------------|-----------------------------------|--------------|
| <b>SUBMITTED BY</b> |               | <b>Complete (if applicable)</b>   |              |
| Name (Print/Type)   | John P. Breen | Registration No. (Attorney/Agent) | 38,833       |
| Signature           |               | Telephone                         | 434-243-6103 |
|                     |               | Date                              |              |

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